

S/N 10/649,444

Response to Final Rejection dated: 12/17/2004

FEB 02 2005

DOCKET: CM06299J



**MOTOROLA**

**FAX TRANSMITTAL SHEET**

Motorola, Inc.  
Intellectual Property Section  
Law Department  
Intellectual Property Section, Rm 1610  
8000 W. Sunrise Blvd.  
Ft. Lauderdale, Florida 33322

Telephone: 954-723-6449

Facsimile: 954-723-3871

8

Number of Pages (including this page)

Date: February 2, 2005  
To: NGUYEN, PHUONGCHI T. - 2833  
Location: United States Patent and Trademark Office  
Fax No.: 703-872-9306 Centralized Facsimile  
From: Barbara R. Doutre - 39,505  
Docket No. CM06299J Higgins, Robert J.

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**MESSAGE:**

Enclosed herewith please find an Amendment After Final for filing in the below-identified application.

**PLEASE GIVE THESE PAPERS TO:**

EXAMINER:  
GROUP ART UNIT:  
SERIAL NO.:  
FILED:  
INVENTOR:

NGUYEN, PHUONGCHI T.  
2833  
10/649,444  
08/26/2003  
HIGGINS, ROBERT J.

S/N 10/649,444

DOCKET: CM06299J


Response to Final Rejection dated: 12/17/2004

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/649,444	
	Filing Date	8/26/03	
	First Named Inventor	HIGGINS, ROBERT J.	
	Group Art Unit	2833	
	Examiner Name	NGUYEN, PHUONGCHI T.	
Total Number of Pages in this Submission	7	Attorney Docket Number	CM06299J

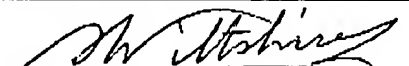
  

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Patent Application Fee Determination Record
Remarks X Facsimile Transmittal.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature			
Date	February 2, 2005		

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	Silvana Wiltshire		
Signature		Date	February 2, 2005

Docket: CM06299J

PTO/SB/06 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 10/649,444	
Substitute for Form PTO-875						
<b>APPLICATION AS FILED – PART I</b>						
(Column 1)		(Column 2)		SMALL ENTITY		OR
OTHER THAN SMALL ENTITY						
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A	N/A		N/A	
SEARCH FEE (37 CFR 1.16(k), (l), or (m))	N/A	N/A	N/A		N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A	N/A		N/A	
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*	X	=	X	=
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X	=	X	=
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))			N/A		N/A	
			TOTAL		TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.						
<b>APPLICATION AS AMENDED – PART II</b>						
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY
OTHER THAN SMALL ENTITY						OR
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)
Total (37 CFR 1.16(i))	*	Minus **	=	X	=	X
Independent (37 CFR 1.16(h))	*	Minus ***	=	X	=	X
Application Size Fee (37 CFR 1.16(s))						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				N/A		N/A
				TOTAL		TOTAL
				ADD'L FEE		ADD'L FEE
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY
OTHER THAN SMALL ENTITY						OR
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)
Total (37 CFR 1.16(i))	* 7	Minus **	15 = 0	X	=	X
Independent (37 CFR 1.16(h))	* 2	Minus ***	6 = 0	X	=	X
Application Size Fee (37 CFR 1.16(s))						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				N/A		N/A
				TOTAL		TOTAL
				ADD'L FEE		ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


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S/N 10/649,444  
Response to Final Rejection dated: 12/17/2004

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UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) HIGGINS, ROBERT J. GROUP ART UNIT: 2833  
APPLN. NO.: 10/649,444 EXAMINER: NGUYEN,  
PHUONGCHI  
FILED: 8/26/03  
TITLE: APPARATUS FOR INTRINSICALLY SAFE POWER INTERFACE

CERTIFICATE OF FAX TRANSMITTAL	
I hereby certify that this correspondence is being facsimile to the United States Postal Service, at (703) 872-9306 Centralized Facsimile, addressed to :Mail Stop: <u>AF</u> , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:	
Date:	February 2, 2005
Signature:	
Typed or Printed Name:	Silvana Wiltshire

**RESPONSE UNDER 37 CFR 1.116 – EXPEDITED PROCEDURE**

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated 12/17/2004 and Examiner's comments with regard thereto, please enter the following amendments in the above-entitled application, without prejudice or disclaimer.